

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-028003
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **236** Primary Registration District No. **4388** Registrar's No. **9**
FILED JUL 24 1962

VS 300
Rev. 4/59

1 **0760**

2 **0760**

3 **2**

4 **0**

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9 **463X**

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11

12 **90-2**

13 **1-0**

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY OSAGE b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CHAMOI c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY OSAGE c. CITY OR TOWN CHAMOI d. STREET ADDRESS (If outside, give location) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First GEORGE Middle EUGENE Last HULTZ		4. DATE OF DEATH Month JULY Day 20 , Year 1962	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 23 Nov 1898
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT		10b. KIND OF BUSINESS OR INDUSTRY SELFEMPLOYED	11. BIRTHPLACE (City and state or country) Oklahoma Territory
13a. FATHER'S NAME JOHN HOWARD HULTZ		13b. MOTHER'S MAIDEN NAME IDA LESEUR	14. NAME OF HUSBAND OR WIFE WINNA MARY SCOTT HULTZ
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		17. INFORMANT Address MRS. WINNA M. HULTZ, CHAMOI, MO.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Embolism (Massive) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Phlebitis of right lower leg. DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Moderate obesity.		INTERVAL BETWEEN ONSET AND DEATH 5-10 Sec. 10 to 11 yrs.	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 7:30 a.m. p.m. Month, Day, Year		20f. CITY, TOWN, OR LOCATION Chamois Mo.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from immediately after death and last saw him alive on 7-17-62. Death occurred at 7:30 A m. on the date stated above, and to the best of my knowledge, from the causes stated.		22b. ADDRESS Chamois Mo.	
22a. SIGNATURE F.B. Farnsworth DO.		22c. DATE SIGNED 7-20-62.	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 23 July 1962	
23c. NAME OF CEMETERY OR CREMATORY Beulah Cemetery		23d. LOCATION (City, town, or county) (State) NEAR EDGAR SPRINGS, MO	
24. FUNERAL DIRECTOR CLYDE MORTON		25. DATE RECD. BY LOCAL REG. July 22, 1962	
ADDRESS LINN, MO.		26. REGISTRAR'S SIGNATURE Josephine Schieder	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

JUL 25 1962

MAY 22 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Linn, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.